STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 25 2018

E TATE

PLEASE PRINT

I. Name of Lobbyist(s) Maureen Mahoney II. Name of lobbyist's partnership, firm or corporation, if any:			NEW HAMPSHIR
			DEPARTMENT OF ST
(Name of partnersh	ip, firm or corporation)		
1535 Mission Street	San Francisco	CA	94103
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (415) 431-6747	(415) 431-0906	e-mail levyje@c	onsumer.org
() (415) 431-6747 (Telephone)	(Fax)	C-mail	
III. This statement covers: (Choo reportable expense transactions v	which are not attributable to a	any one client).	
(Full Name of OR) All reportable transactions by the unrelated to any particular client.	of Client as it appears on the Lobb	_	g firm listed below which are
October 3		July 25, 2018 💥 activity from 4/1/18 to 6/30/18 January 30, 2019 🗋 activity from 10/1/18 to 12/31	
V. There have been no fees red If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports a	re attached:		
☐ If you have received fees or ma	•		
☐ If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, you	nust file Addendum B– Re	port of Honorariums or
☐ If you, your firm, or your famil	y has made political contribution	ons, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno (Signature of lobbyist)	SA 14-C and RSA 664 and here	by swear or affirm that the	
Maureen Mahoney		(54	· - ,
(Print Name of Johnvist)			